

N12000009113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

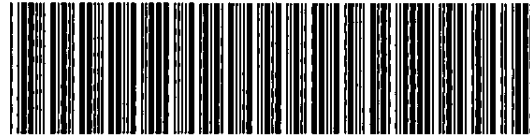
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W12-47626

Office Use Only



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09/13/12--01022--007 **87.50

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12 SEP 21 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W12

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Fort Barachel Ministries Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Joyce Fake
Name (Printed or typed)

707 E Lakeshore Dr.
Address

Ocoee FL 34761
City, State & Zip

407-877-5949
Daytime Telephone number

JFake@FakeProductions.org
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2012

JOYCE FAKE
707 E LAKESHORE DR
OCOE, FL 34761

SUBJECT: FORT BARACHEL MINISTRIES INC.
Ref. Number: W12000047626

We have received your document for FORT BARACHEL MINISTRIES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 812A00023233

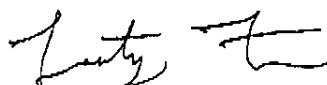
9/21/12

To Whom It May Concern,

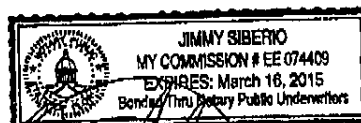
This is to confirm that we will not revoke the dissolution of Fort Barachel Ministries, LLC., thereby releasing the name to be used by Fort Barachel Ministries, Inc.

Thank you for your time in this matter.

Sincerely,



Timothy Fake



ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Fort Barachel Ministries Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

707 E Lakeshore Dr.
Ocoee Fl 34761

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To build integrity, character, & confidence in the youth
and young adults

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Elected and appointed at the annual meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Timothy Fake - President
Address: 707 E Lakeshore Dr.
Ocoee Fl 34761

Name and Title: Joyce Fake - Vice President
Address: 707 E Lakeshore Dr.
Ocoee Fl 34761

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Joyce Fake
Address: 707 E Lakeshore Dr.
Ocoee Fl 34761

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joyce Fake
Address: 707 E Lakeshore Dr.
Ocoee Fl 34761

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Joyce Fake
Required Signature of Registered Agent

9/10/12
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Joyce Fake
Required Signature of Incorporator

9/10/12
Date

FILED
SEP 21 PM 2:35
CLERK OF STATE
TALLAHASSEE, FLORIDA